

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							09/601360					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
							100					
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												